

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER



**TRANSIENT NON-COMMUNITY WATER SYSTEMS
INSPECTION REPORT**

THIS IS THE ONLY FORM ACCEPTABLE TO THIS OFFICE

-----**General Information**-----

*If new transient water system, please record “new system.”

*PWS ID# _____

Inspection Date _____

Municipality _____

County _____

Reason for Inspection – Circle all reasons that apply: (If reason is 2 or 3, attach enforcement actions taken, ie. NOV's, etc)

1. Routine 2. MCL Follow-up 3. SNC Follow-up 4. Deactivation 5. Reactivation
6. Reclassification to: *Community Water System* [] *Non-Transient Water System* [] *Non-public Water System* []

-----**Location Information**-----

System Name/Contact Person: _____

Street Address: _____

Phone# () _____ Fax# () _____ Block # _____ Lot # _____

-----**Owner Information**-----

(Owner is responsible for sampling requirements & notification of any system changes to State & County Agencies)

Owner Name/Contact Person: _____

Phone # () _____ Fax# () _____

Complete Mailing Address: _____

-----**Source/Treatment/Operator Information**-----

(Note: if more than one (1) well, attach drawing to indicate well relationship, such as TP, CH, WL)

Well information: [*Depth (ft)*, *Diameter (in)*, *Pumping Capacity (gpm)*]: _____

Location: _____

Does the water system provide treatment? (**Y or N**) If yes, list applicable Treatment Code(s) that apply:

List any deficiencies with N.J.A.C. 7:10-12: _____

-----**System Service Characteristics**-----

Type of Business: _____ Number of Buildings Served: _____

Population Information: Transient Population # _____ Non-Transient Population # _____ Open/Close Date _____

Caution 1: Does the water system provide water to at least 25 people for more than 60 days per year? (**Y or N**)
If no, the water system is non-public and is under the jurisdiction of the local health authority.

Caution 2: Does the water system provide water to at least the same 25 people daily for at least 6 month? (**Y or N**)
If no, the water system is a transient non-community water system.

INSTRUCTION TO THE INSPECTOR TRANSIENT NON COMMUNITY PUBLIC WATER SYSTEM

THE INFORMATION PRESENTED ON THIS FORM IS VERY IMPORTANT AND EACH BLANK MUST BE ACCURATELY COMPLETED. INCOMPLETE INSPECTION REPORTS WILL BE RETURNED TO INSPECTORS AND NO CREDIT GIVEN. Any questions call the Bureau of Safe Drinking Water (BSDW) (609) 292-5550.

The following is presented so the field person will gain an understanding as to what information is expected and why the information is important:

LOCATION INFORMATION: In this section, provide all of the data that is available to locate the geographical location of the water system.

OWNER INFORMATION: The owner of the water system is ultimately responsible for all water sampling and water quality. The owner of the system is also responsible for maintenance of the system. The name and mailing address of the owner must be as accurate as possible.

SOURCE/TREATMENT: The source information is necessary in order to help ensure water quality and well head protection. Treatment information will help disclose the adequacy of the treatment system.

SERVICE CHARACTERISTICS: Information is necessary and self-explanatory.

CAUTION 1 and CAUTION 2: This data is very important and must be accurate. A failure to correctly identify the system classification will require the owner to perform unnecessary sampling or not perform required sampling. A system not correctly classified will forego required sampling and possibly be liable for heavy fines for not performing mandated sampling.

INSPECTION RESULTS: The water system's components should have been constructed in accordance with N.J.A.C. 7:10-12. Gross deficiencies must be noted on the face of this report (i.e. flooded well vaults, broken/missing sanitary well seals, etc.). Directives to remedy the deficiencies and any follow up must be attached to the inspection report or be forthcoming to the BSDW.

WATER QUALITY (MCL) MONITORING DEFICIENCIES: The field inspector must hold a water quality sampling review with the purveyor. Results of all required sampling must be presented. If it is found that sampling requirements have not been met, each occurrence must be addressed. The inspector must warn the purveyor in writing of impending enforcement actions. A copy of the written Notice of Violation must accompany the completed inspection form.

Complete the following checklist at the time of the inspection:

1. Is the microbiological sampling history over the last four calendar quarters complete & satisfactory? **(Y or N)**
2. Are the annual Nitrate and one time Nitrite sample results complete and satisfactory? **(Y or N)**
3. Did the system perform Public Notification for all MCL violations? **(Y or N)**

Has a Notice of Violation (NOV) been issued for any violations identified in items 1, 2, and/or 3 above? **(Y or N)**

If yes, is a copy of the NOV attached to this report? **(Y or N)**

-----Signatures-----

PERSON INTERVIEWED/POSITION

SIGNATURE & DATE

PHONE NUMBER

INSPECTOR/POSITION

SIGNATURE & DATE

PHONE NUMBER

INSPECTOR'S SUPERVISOR SIGNATURE

HEALTH DEPARTMENT AGENCY